



He-W 589: 2025 Rule Update Overview

March 6, 2026



Department of
**HEALTH &
HUMAN SERVICES**



Medicaid-to-Schools updates:

Training and onboarding opportunities:

Save the dates:

Tentative dates and times selected:

- April 21: 2-3:30
- April 22: 10-11:30
- May 12: 10-11:30
- May 20: 2-3:30

Pending CMS approval

We will share details as they become available.



Drop your questions in the chat!

In order to best support you, please add any questions about today's presentation in the chat. All questions will be collected and used to create an FAQ document, so everyone receives clear and accurate information. If you would like a direct follow-up, feel free to include your email in the chat or contact me at heather.m.Clogston@dhhs.nh.gov.

We recognize that the rule includes many subsections and can be confusing when discussed quickly. Questions are expected, and it is important that responses are accurate and precise. Gathering your questions today allows us to provide clear, consistent information after the presentation.



General updates to He-W 589



Grammar and structural updates

- Gender-neutral language applied throughout (he/she → they).
- Grammar, minor renumbering, and style fixes.
- Simplified and modernized language: (e.g., “licensed health care clinician...” to “licensed clinician”) with no change in intent.
- Updated statutory references and CFR citations.
- Expanded definitions for clarity (e.g., AAC includes DOE-certified specialists).
- Added new subsections for ABA and Audiology; reorganized Speech services.



He-W 589.01 “Purpose”



He-W 589.01

2020 Rule:

“ The purpose of these rules is to describe the services provided by school districts and school administrative units that are reimbursable under NH Medicaid for which federal financial participation (FFP) can be claimed and to describe the required qualifications of clinicians, licensed by a board under the office of professional licensure and certification for healthcare professionals, delivering reimbursable services in schools and preschools.”

“...Reimbursable services include both the NH Medicaid state plan services, and other optional services that are not covered under the NH Medicaid state plan but covered pursuant to 1905(a) of the Social Security Act through the early and periodic screening, diagnostic, and treatment (EPSDT) benefit.”

“...Participation in Medicaid is discretionary...”

“...These rules are not intended to impose...under RSA 186-C or other law.”

2025 Rule:

No substantive changes. Still explains scope and optional participation



He-W 589.02 “Definitions”



He-W 589.02(c) AAC definition expanded & NHED certification recognized:

2020

(c) "Augmentative and alternative communication (AAC) aids" means electronic or non-electronic aids, devices, or systems ordered by a licensed speech-language pathologist that assist a student to overcome or ameliorate the communication limitations...and electronic devices that produce speech and/ or written output.

2025

(c) "...ordered by a licensed speech-language pathologist, including a certified speech-language specialist as described in [RSA 326-F:3, IV\(b\)](#), ...and electronic devices that produce speech, written output, or both. This term includes "AAC devices"."

Expanded; terminology clarified.

Adds certified speech-language specialist under [RSA 326-F:3, IV\(b\)](#); clarifies output phrasing; explicitly includes "AAC devices".



He-W 589.02 (k) IEP citation expanded:

2020

(k) "...in accordance with 34 CFR 300.320 through 300.324, ~~and the applicable NH board of education administrative rules.~~"

2025

(k) "...in accordance with 34 CFR 300.320 through 300.324, Ed 1109.01, and Ed 1109.03."

Replaces generic NH Board of Education reference with specific NH Education rules (Ed 1109.01, Ed 1109.03) for precision.



He-W 589.02 (n) medical assistance:

2020

(n) "...established pursuant to Title XIX of the Social Security Act..."

2025

(n) "...established pursuant to Title XIX **and Title XXI** of the Social Security Act..."

Addes Title XXI (Children's Health Insurance Program (CHIP) to program references.



He-W 589.03
“Student Eligibility”



He-W 589.03 student eligibility

2020

- (a) Have a care plan;
- (b) ~~Be less than 21 years of age;~~
- (c) Be a Medicaid recipient;
- (d) Be served by an LEA or SAU..."

2025

- (a) Have a care plan;
- (b) Be between the ages of 3 and 22, provided that the students aged 21 through 22 are not eligible for Medicaid reimbursement for services covered only under the EPSDT benefit;
- (c) Be a Medicaid recipient;
- (d) Be served by an LEA or SAU..."

Eligibility age range: 3-22, but EPSDT-only services stop at age 21.

Students 21-22 can only get reimbursed for non-EPSDT covered services.

This is a policy-impacting change: Eligibility non longer ends strictly at age 21, but functional reimbursement limits remain due to EPSDT constraints.



He-W 589.04
**“Covered Services and
Provider Qualifications”**



He-W 589.04(a)(3) OIG screening scope expanded

2020

(a)(3)“Screen ~~all performing only providers for Medicaid services~~ for exclusions against the Office of Inspector General (OIG) exclusion and sanction database...”

2025

(a)(3)“Screen all providers, employees, contractors, and school personnel that are involved with administering or delivering Medicaid services, upon hire and on a monthly basis thereafter, for exclusions against the OIG exclusion and sanction database...”

Broaden screening to all involved personnel (not just performing-only providers); monthly requirement stays, but new version is upon hire and monthly thereafter.



He-W 589.04(a)(4)

2020

~~(a)(4) "Screen all performing only providers upon hire, prior to executing a contract, and on a monthly basis thereafter as long as they are providing Medicaid services for which the school is seeking FFP."~~

2025

This requirement is absorbed into (a)(3) and no longer exists as a separate subsection.

No longer separate. Absorbed into (a)(3), removed language and adjusted timing to "upon hire and monthly thereafter". Screening now applies to all categories listed in new (a)(3).



He-W 589.04(g)

2020

(g) "Medical evaluation ~~shall include the following:...~~"

2025

(g) "A medical evaluation shall be covered when performed to address a recipient complaint or illness and shall include the following:..."

More specific and descriptive than 2020 version. It adds explicit statement "shall be covered," clarifying that a medical evaluation is covered when performed to address a recipient's complaint or illness.



He-W 589.04 (g)(1)

2020

~~(g)(1) "Those services rendered by a physician, APRN, or physician assistant whose opinion or advice is requested regarding the evaluation or treatment of a student's condition;..."~~

2025

(g)(1) "An initial evaluation conducted by a physician, APRN, or physician assistant; and ..."

The section now addresses only the initial evaluation. Separates the initial evaluation from the opinion/advice(g)(2) component into distinct subsections.



He-W 589.04(g)(2)

2020

~~(g)(2) "An initial evaluation shall be covered, however, if the physician, APRN, or physician assistant assumes the continuing care of the student, any service(s) provided subsequent to the initial evaluation...shall not be considered an evaluation but might be coverable as another service..."~~

2025

(g)(2) "The opinion or advice of a physician, APRN, or physician assistant regarding the evaluation or treatment of the student's condition including services rendered."

2020's He-W589.04(g)(2) has been moved to a new section (h) in the 2025 version. The 2025 (g)(2) now reflects the advice/ opinion component previously contained in (g)(1). This structural change was made to improve clarity.



He-W 589.04 (h)

2020

Subsection (g)(2).

2025

(h) “In after the initial evaluation in (g) above the physician, APRN, or physician assistant assumes the continuing care of the student, any services(s) provided subsequent to the initial evaluation...shall not be considered an evaluation but might be coverable as another service...”

Relocated from 2020’s (g)(2) to its own section. No new conditions. Organizational change only.



He-W 589.04 (i) billable medical evaluation services

2020

(h) “The following medical evaluation services performed by the providers in (g) above shall be billable under the category of medical evaluation:..”

2025

(i) “The following medical evaluation services performed by the providers in (g) above shall be billable under the category of medical evaluation:..”

Section label changed (h) → (i). No other changes.



He-W 589.04 (j)

2020

There is no subsection (j).

2025

(j) "Any consult service for which the student was present at least 51% of the time shall be a covered consultation service."

New section. Adds a 51% presence requirement for consultation service billing.



He-W 589.04 nursing services

2020

(I)(1) “Any assessments or treatments performed by a licensed registered nurse, licensed practical nurse (LPN), or APRN for a student ~~that are medically necessary~~; and...”

2025

(k)(1) “Any assessment or treatments performed by a licensed registered nurse, licensed practical nurse (LPN), or APRN for a student; and...”

Removal of “that are medically necessary” from 2020.



He-W 589.04 (k-n) nursing services

Largely unchanged, language updates only.



He-W 589.04 occupational therapy services

2020

(n)(1) “Any evaluations, treatment, or assessments performed by an occupational therapist of students whose abilities to carry out age-appropriate tasks are threatened or impaired by physical ~~illness or injury~~, mental illness, emotional disorder, or congenital or developmental disability;...”

2025

(p)(1) “any evaluations, treatment, or assessments performed by an occupational therapist of students who abilities to carry out age-appropriate tasks are threatened or impaired by physical **illness, injury, or disease**, mental illness, emotional disorder, or congenital or developmental disability;...”

Including the term “disease” in 2025.



He-W 589.04 occupational therapy services

2020

~~(o)(1) "An occupational therapist who is licensed to practice in NH or the state in which he or she practices, and is either:~~

- ~~a. Registered by the National Board for Certification in Occupational Therapy Inc.;~~
~~or~~
- ~~b. A graduate of a program in occupational therapy approved by the Committee on Allied Health Education and Accreditation of the American Medical Association and engaged in the supplemental clinical experience required before registration by the National Board for Certification in Occupational Therapy, Inc.;..."~~

2025

(q)(1) An occupational therapist who is licensed to practice in NH or the state in which they practice;..."

NBCOT and alternate educational pathway language removed.



He-W 589.04 occupational therapy assistants (OTAs)

2020

(o)(2) “An occupational therapy assistant as defined in RSA 326-C:1, ~~IV~~ working under the direction of a licensed occupational therapist.”

2025

(q)(2) “An occupational therapy assistant as defined in RSA 326-C:1, **III** working under the direction of a licensed occupational therapist”

RSA citation changed. OTAs still must be under OT supervision.

All tasks under OT services, techniques, evaluations, and billable categories remain the same.



He-W 589.04 (p)

2020

(p) “Occupational therapy services, other than an evaluation, shall require an order.”

2025

Line does not exist in 2025

Removal of this line from the rule.

Waivers no longer required for OT ordering. OTs can issue their own orders **under their scope of practice.**



He-W 589.04

2020

- (t) Physical Therapy Services
- (s)(1) Psychiatric Services
- (aa) Psychological Services
- (ad) Mental Health Services

2025

- (u)(1) Physical Therapy Services
- (y)(1) Psychiatric Services
- (ab) Psychological Services
- (ae) Mental Health Services

Minor language and structural changes.



He-W 589.04 applied behavior analysis (ABA)

2020

ABA only lightly mentioned in (ar)(2) & (as)(2)

Only references ABA as:

- A service requiring prior authorization under certain EPSDT provisions
- A service exempt from PA in some cases.
- Something A BCBA might provide (in rehabilitative assistance contexts)
- Before 2025 ABA existed only implicitly.

2025

Full ABA sections introduced:

- (ag) ABA coverage criteria
- (ah) ABA provider types
- (ai) Billable categories
- (aj) ABA recommending clinician types

There were no defined ABA service structure, no qualifications, no billable categories. Major addition.



He-W 589.04 (ag) applied behavior analysis coverage criteria

2020

2025

Applied behavior analysis (ABA) shall be covered for individuals with the following diagnoses:

- (1) Autism spectrum disorder; or
- (2) Pervasive developmental disability.

New, detailed coverage criteria



He-W 589.04 (ah) applied behavior analysis provider structure

2020

2025

ABA shall be provided by:

- (1) BCBA (must have supervisory certification if supervising others)
- (2) Rehab assistant (under BCBA supervision)
- (3) BCABA (assistant behavior analyst)
- (4) RBT (registered behavior technician)

New, detailed provider structure



He-W 589.04 (ai) applied behavior analysis billable categories

2020

2025

(ai) Billable categories of ABA shall include the following:

- (1) Behavior identification assessment; and
- (2) Adaptive behavior treatment.

New billable categories



He-W 589.04 (aj) applied behavior analysis provider types

2020

2025

(aj) “ABA services shall be recommended by a licensed clinician who has experience in the diagnosis and treatment of autism spectrum disorder or pervasive developmental disorder and holds at least one of the following educational degrees and valid license:

- (1) Physician;
- (2) Psychologist;
- (3) Nurse Practitioner specializing in developmental medicine; or
- (4) Physician’s Associate specializing in developmental medicine.”



He-W 589.04 rehabilitative assistants

2020

- Referenced as (af)-(aj)
- Allowed assistants to implement behavioral carry-over plans

2025

Rehabilitative assistants continue to exist relocated to:

- Referenced (ak)-(ao)

Rehab assistants may provide ABA services under supervision of a BCBA.



He-W 589.04 rehabilitative assistance services & 30-day review

2020

- (aj) "Provision of rehabilitative assistance services shall be reviewed by a licensed clinician designated by the enrolled school provider's care plan team every 30 days. ~~Such a review shall include review of the activities performed by the rehabilitative assistant and the effectiveness of the activities as observed by the rehabilitative assistant. As part of the review, the care plan team designated licensed clinician shall sign the documentation of the service transaction logs to attest that the service was actually provided and shall provide review and signature that the activities have been conducted in accordance with the care plan."~~



He-W 589.04 rehabilitative assistance services 30-day reviews

2025

(ao) Provision of rehabilitative assistance services shall be reviewed by a licensed clinician designated by enrolled school provider's care plan team every 30 days.

Documentation for the 30-day review shall include:

- (1) The type of contact including face to face, observation, or telephone call;
- (2) Areas covered such as duties and expectations, and skills development;
- (3) A list of trainings completed within the past 30 days;
- (4) Issues identified, if any, and action to be take;
- (5) Date of current session;
- (6) Date of next session;
- (7) Attestation that the services were provided; and
- (8) Licensed clinician signature and attestation that the services were conducted in accordance with the care plan.



He-W 589.04 speech & language services

2020

(ak) "Speech, language, ~~and hearing~~ services shall be covered services if they are services, supplies, or equipment ordered by a licensed audiologist or licensed speech-language pathologist to be medically necessary for the evaluation, diagnosis, or treatment of speech, language, and hearing disorders which result in communication disabilities."

2025

- (ap) "Speech and language services shall be covered services if they are services, supplies, or equipment ordered by a licensed audiologist or licensed speech-language pathologist ~~or a speech-language specialist certified by the department of education, as described in RSA 326-F:3,IV (b)~~ to be medically necessary for the evaluation, diagnosis, or treatment of speech, language, and hearing disorders which result in communication disabilities."

Removal of "and hearing" and the addition of "or a speech-language specialist" certified by the Department of Education"



He-W 589.04 speech & language services

2020

(al) "Speech language services shall include services performed by speech language assistants listed in (am) below carrying out a therapy plan developed by the speech language pathologist."

2025

- (aq) "Speech and language services shall include services performed by speech language assistants listed in (ar) below carrying out a therapy plan developed by the speech language pathologist and speech-language specialists certified by the department of education, as described in RSA 326F:3,IV(b)."

Addition of "or a speech-language specialist" certified by the Department of Education"



He-W 589.04 speech & language services

2020

(am) "Speech, language, ~~and hearing services~~ shall be provided by:

~~(1) An audiologist who is licensed to practice in NH by the board of hearing care providers or the state in which he or she practices;"~~

2025

Audiology services moved to its own subsection 589.04 (at).

Removal of "and hearing services". Moved audiology services to its own subsection



He-W 589.04 speech & language services

2020

(am)(b) “Licensed in the state in which ~~he or she~~ practices and have one of the following:

- (i) A Certificate of Clinical Competence from the ~~American Speech and Hearing Association~~;...”
- (3) A speech-language assistant as defined in RSA 326-F:1, ~~H-1~~ working under the direction of...”

2025

(am)(b) “Licensed in the state in which **they** practice and have one of the following:

- 1 A Certificate of Clinical Competence from the **ASHA**;...”
- (2) A speech language assistant as defined in RSA 326-F:1, **XI** working under the direction of...”
- (3) A certified speech-language specialist as described at RSA 326-F:3,IV(b).

Language and citation changes.



He-W 589.04 (an) speech & language billable services

2020

(an) Billable categories of speech, language, ~~and hearing~~ services shall include the following:

- (1) Individual speech, language, ~~or hearing~~ evaluation;
- (2) Speech, language, ~~or hearing therapy~~, individual treatment;
- (3) Speech, language, ~~or hearing therapy~~, group treatment; and
- (4) Supplies and equipment necessary for the provision of covered speech language ~~and hearing~~ services.

2025

(as) Billable categories of speech and language services shall include the following:

- (1) Individual speech or language evaluation;
- (2) Speech or language, individual treatment;
- (3) Speech or language, group treatment; and
- (4) Supplies and equipment necessary for the provision of covered speech and language services.

Removal of hearing or hearing therapy



He-W 589.04 audiology services

2020

Referenced under (ak)- (an)

Speech, language, and hearing bundled in one section and categories.

2025

(at) Audiology services shall be medically necessary for the prevention or rehabilitation of hearing impairment or restoration of a student with a hearing impairment to their best possible functional level and be provided by an audiologist.

(au) Billable categories of audiology services shall include the following:

- (1) Individual hearing evaluation;
- (2) Hearing therapy, individual treatment;
- (3) Hearing therapy, group treatment; and
- (4) Supplies and equipment necessary for the provision of covered hearing services.

Audiology is separated.



He-W 589.04(av) vision services

2020

(ao) "Vision services shall be medically necessary for the prevention or rehabilitation of visual impairment or restoration of a student with a visual impairment...and be provided by an ~~optometrist, ophthalmologist, or optician.~~"

2025

"Vision services shall be medically necessary for the prevention or rehabilitation of visual impairment or restoration of a student with a visual impairment...and be provided by an optometrist licensed under RSA 327, a physician licensed under RSA 329 with a specialty in ophthalmology, or an optician licensed under RSA 327-A."

Adds specific licensing statutes for vision providers.



He-W 589.04 (aw-bb)

(aw-ba) EPSDT Prior Authorization + independent review

Relabeling. Content remains the same.

(bb) Specialized Transportation

No substantive changes



He-W 589.05
“Non-Covered Services”



He-W 589-05 non-covered services

2020

“educators or individuals who are not **healthcare clinician’s...**”

“...School guidance counselor services unless: (1) The individual has a valid **healthcare license...**”

“...Services under a **CMS NH Medicaid waiver**, ...’Medicaid state plan services only provided under the 1915(i) provisions’...”

2025

“educators or individuals who are not **licensed clinician’s...**”

“...School guidance counselor services unless: (1) The individual has a valid **clinical license...**”

“...Services under a **Centers for Medicare and Medicaid Services**(CMS) NH Medicaid waiver, ...’Medicaid state plan services only provided under the 1915(i) provisions’...”

Core exclusions unchanged. Tightened terminology.



He-W 589.06
**“Documentation and
Payment for Services”**



He-W 589.06(d)(13) documentation and payment for services

2020

(d)(13) "Documentation of the qualifications and the handwritten signature of the individual(s) attesting..."

2025

(d)(13) "Documentation of the qualifications and a **digitally signed electronic** or handwritten signature..."

Accepts digital signatures



He-W 589.06(d)(13) documentation and payment for services

2020

Cites 34 CFR 300.154 (d)(2)(iv), Ed 1120.08, ~~AND 42 CFR 300.154 (d)(2)(v).~~

2025

Cites 34 CFR 300.154 (d)(2)(iv) AND Ed1120.08.

Removes references to 42 CFR 300.154 (d)(2)(v). No change to the requirement itself, parental consent still needed.



He-W 589.07
“Utilization Review and Control”



He-W 589.07 utilization review and control

No substantive change. Same monitoring and recoupment references.



He-W 589.08
“Documentation of
Expenditure of
Non-Federal Funds”



He-W 589.08 documentation of expenditures for non-federal funds

2020

(b)(1) ~~In no case~~ are services that are reimbursable under Medicaid, but paid by other federal funding, claimed by the enrolled school provider under NH Medicaid;

2025

(b)(1) **Services** that are reimbursable under Medicaid, but paid by other federal funding, **are not** claimed by the enrolled school provider under NH Medicaid;

Additionally updates the date for forms

Updates the form date

Clarifies attestation citation, and provides the submission details



He-W 589.09 “Waivers”



He-W 589.09 (b) contents of waiver request

2020

~~(b) A completed waiver request shall be signed by the enrolled school provider's designee and if requesting a waiver for a BCBA include a copy of the individual's board certification and attestation by the school that an OIG screening was performed.~~

2025

Subsection (c) in 2020 moved to what is now subsection (b)

(b) The waiver shall be requested in writing to the department, detailing which rule provision is to be waived and how the school plans to meet the objective or intent of the rule.

Removes the waiver request signed by enrolled school provider's designee and removes the BCBA-specific waiver condition.



He-W 589.09 (e-f)

2020

(e) No federally mandated requirement and no provision or procedure prescribed by state statute shall be waived.

(f) The request for a waiver shall be granted by the commissioner or his or her designee with 30 days if the waiver:..."

2025

Subsection (e) in 2020 moved to what is now subsection (d)

Subsection (f) in 2020 moved to what is now subsection (e)

Subsection and minor language changes.



He-W 589.06 (g) waiver duration

2020

(h) Waivers “shall be effective for a maximum of 2 years.”

2025

(g) Waivers shall be effective for a maximum of 2 years if:

- Requested by the provider; AND
- The waiver addresses the reason for the waiver.

A 2-year waiver is allowed only when the waiver “addresses the reason for the waiver.”



Quick Reference



Major substantive changes

- Eligibility (589.03): Age 3-22 with EPSDT up to 21 only.
- OIG Screening (589.04(a)(3)): Now all involved personnel monthly, not just performing-only.
- ABA (589.04 (ag-aj)): New detailed framework (diagnoses, provider tiers, billing categories, recommending clinician).
- Speech & Audiology (589.04(ap-au)): Adds DOE certified speech-language specialists; separates audiology with its own billing.
- Vision (589.04(av)): Adds specific licensure statutes for optometrist/ophthalmology/optician.



- Rehab 30-day review (589.04(ao)): Adds documented elements (contact type, trainings, issues/ actions).
- Documentation (589.06(d)(13)): Allows digitally signed electronic signatures.
- Non-Federal Funds Form (589.08): New form (Nov 2025)+ mail/ fax details.
- Waivers (589.09): Removes BCBA-specific attachments; clarifies 2-year condition.



CMS grant stakeholder feedback session

You are invited to participate in stakeholder feedback meetings to help shape the future of Medicaid to Schools (MTS).

Next meeting: March 19, 8-9am

Deborah Fournier will be presenting on the latest developments related to the One Big Beautiful Bill Act (OBBA).

Contact:

Molly Umana, Molly.Umana@unh.edu

**Join us for the
CMS Grant Stakeholder Feedback Session
March 19th, 8am-9am**

New Hampshire Medicaid invites you to participate in quarterly virtual stakeholder feedback meetings to help shape the future of the Medicaid to Schools (MTS) Program.

March 19 Session Highlight:
Deborah Fournier will provide an updated presentation on the latest developments related to the OBBA.

We hope you will join us and continue to join us in future sessions, to share your experiences, ask questions, and help inform the path forward for the MTS program.

To meet compliance requirements from the Centers for Medicare and Medicaid Services (CMS), the MTS program must transition from the current in-kind claiming model to a Certified Public Expenditure (CPE) financing methodology, supported by Random Moment Time Studies (RMTS) by July 2026.

As part of this transition, New Hampshire Medicaid is actively seeking input from Local Education Agencies (LEAs) and other stakeholders to better understand both current experiences and future program needs. Your insights are essential to ensuring a smooth transition and supporting effective, compliant program operations.

The Institute for Health Policy and Practice, in collaboration with JSI and the Department of Medicaid Services, is hosting quarterly virtual stakeholder sessions designed to:

- Share updates on the transition to the CPE/RMTS model
- Gather real-time questions, feedback, and ideas
- Build an ongoing, collaborative space for engagement

Meeting Information:
Microsoft Teams meeting
Join:
<https://teams.microsoft.com/meet/24057789546159?r=PPjOCymj0lMrahmazi>
Meeting ID: 240 577 895 461 59
Passcode: BF99nV2s

To be added to the meeting invite or if you have any questions about the stakeholder feedback session, please contact molly.umanu@unh.edu.





University of
New Hampshire
Institute for Health Policy
and Practice



Department of
HEALTH &
HUMAN SERVICES

Division of
Public Health



Medicaid-to-Schools Reminder:

Training and onboarding opportunities:

Save the dates:

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Pending CMS approval

We will share details as they become available.





Thank you.

Contact:

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